AUSTRALIAN SOCIETY of DENTISTRY for CHILDREN

MEMBER ASSOCIATION OF IAOC

NEWSLETTER

DECEMBER, 1986

The Federal President's Column

I am very conscious of the honour of being President of the Society for the next two years, and I will do my best to represent the membership faithfully during that period.

The VIth Biennial Convention was attended by 43 members. My sincere thanks go to Vita Luks and Margaret Evans for their able assistance in helping the Convention run smoothly. To me, the highlight of the convention was the lecture on Acrylic Laminate Veneers by Dr. R.E. Jennings, and I hope it will not be long before some enterprising dental laboratory acquires the expertise and the technology necessary for the hollow grinding of acrylic teeth to the accuracy required for this technique. I extend my thanks to Dick Jennings and also Stephen Wei for their presentations, which were well received.

On behalf of the membership I wish to thank Des Kailis who has retired from Federal Executive, for his friendly advice on council business and in particular for his genuine interest in, and attendance at S.A. Branch Conventions. Congratulations to John Lockwood for his term as President and I look forward to his co-operation and advice for the next two years.

Congratulations to James Lucas on his election to Vice President, and I also look forward to working closely with him on all A.S.D.C. business. To our perennial hard working Secretary/Treasurer John Keys I am indebted for his endless enthusiasm for past, present and future needs of the society.

In conclusion I wish to pay tribute to Emeritus Professor Max Horsnell A.O. Professor Horsnell is retiring this year as Editor of the Newsletter and this will be his last Newsletter in that capacity. For those of you who were not in Adelaide at our Biennial Convention to hear Roger Hall pay tribute to Professor Horsnell, I would simply like to add to Roger's well chosen words, and say on behalf of all members of A.S.D.C. a sincere thank you for a major achievement as inaugural Newsletter Editor. The standard of the Newsletter has been excellent and I am sure will be maintained in the future.

I trust all members will have a Happy Christmas and a prosperous New Year.

Bruce Tidswell

President.

Registered by Australia Post —
Publication No. SBG 1719.

Notes from the Federal Secretary

For the first time ever, the A.S.D.C. will lose money on a Biennial Convention. I have not received the complete financial statement as yet, but the just completed VIth convention in Adelaide will show a loss of between $3,500 and $4,000. At the A.G.M. in Adelaide, a lengthy debate to which nearly all members present contributed, recommended that in future, the State Branch holding the biennial convention be "more circumspect with regard to

(a) Selection of their lecturers
(b) Timing of the congress
(c) Duration of the congress
(d) Venues "

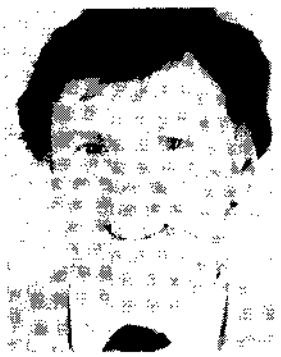
A motion was passed to increase the annual subscription from $16 to $25 per member.

On a happier note, at the above meeting Alan Isaacs, Vice President of the N.Z. Society of Dentistry for Children, gave his reasons why the N.Z. Society wished to amalgamate with the A.S.D.C., and I have been instructed to pursue, through the A.D.A., the best manner in which we can accept New Zealand membership.

I will be writing to each member individually regarding the necessary constitutional changes needed for this to happen, and also regarding an executive change needed for the continuing successful management of our affairs.

John Keys

The **'EDITOR DESIGNATE'**- Dr.James O.Lucas BSc.,MDSc.,FRACDS.



A brief introduction

In electing James Lucas to be Editor of the Society's Newsletter, the Council of A.S.D.C. has chosen an individual who has consistantly provided good evidence of a positive interest in the Society's activities and its welfare.

Through his contributions to dental Education and Research in the area of Paediatric Dentistry, via the Dental School of the University of Melbourne, he has already demonstrated a commitment to advance knowledge and skills in this area.

He has been Secretary, then President of the Victorian Branch of A.S.D.C. (1981,1982.), a Federal Council Member (1984-85) and now, 1986 the Vice President of the Society.

Recently, 1986, he was appointed "Deputy Director of Dentistry", Royal Childrens Hospital, Melbourne; this must be recognised as an indication of his achievements up to date and of the high expectations held of him for the future.

Many members of the Society will possess a copy of "Your Children's Teeth", published in the 'Pitman Health Information Series' and Edited by Dr.Lucas. This Book was released at the time of the 9th Congress of I.A.D.C. in Melbourne in February, 1983 and was very warmly received.

All members of the Society will wish Dr. Lucas well in his new undertaking, and I am sure that, under his capable guidance, the Newsletter will continue to go from strength to strength. I look forward to its future with great confidence.

Max Horsnell

THE SIXTH BIENNIAL CONVENTION - ADELAIDE, 1986

The sixth Biennial Convention was held in Adelaide late in October at the Adelaide Town House, and was attended by representatives from all States except Tasmania, but with a visitor from New Zealand.

The main lecture programme was presented by Dr. Richard Jennings who has retired from the Chair of Pedodontics at the University of Texas in Houston, to part-time Specialist Practice in the country town of Idabel, Oklahoma. His practice includes both private patients and public patients treated in a fee-for-service arrangement. He admits patients for treatment under general anaesthesia in several hospitals in the district in which he lives. Dr. Jennings developed two main themes in his lecture programme - Behaviour Management, and the use of Veneers and Composites in dental practice.

Discussion on behaviour management high-lighted many aspects familiar to most dentists with an interest in the "person" part of dentistry - office decor and furnishing, well trained staff, assessment of both parent and child before entering the surgery, a "mother's chair" in the surgery, examination of a child sitting on a parent's lap and limiting the actual treatment goals to the child's ability to cope.
Dr. Jennings pins up photographs of all children who are caries-free at examination, so one wall of his office is covered in smiling faces - each photograph to be given to a parent at the next examination appointment. We were interested to hear that Dr. Jennings does not use topical anaesthetic agents (if forwarns of what is to come) or inhalation sedation (on the basis of safety). He does not treat crying children, and the use of in-patient general anaesthesia was discussed in the last lecture. Dr. Jennings chooses this type of treatment as the least traumatic for well under 10% of his child patients. He uses portable equipment driven by compressed air. Treatment undertaken includes multiple extractions and restorations, especially with stainless steel crowns, on both anterior and posterior teeth.

The second topic covered in Dr. Jenning's programme emphasized particularly his use of Acrylic Veneers for aesthetic repair of upper anterior teeth. These he obtains by milling stock denture teeth, and adapting and contouring the veneer with heat and pressure to a model of the unprepared tooth surface. An acid etch/composite process is used to attach the veneer to the tooth and much emphasis was given to the use of the composite to protect the incisal margin of the veneer and to prevent "peeling". Dr. Jennings contrasted this technique with other porcelain and cast ceramic veneers where tooth preparation is required; the incisal edge of the tooth may be covered with the veneer and the veneer itself can be extremely brittle.

Dr. Stephen Wei, Head of the Department of Pedodontics and Orthodontics at Hong Kong University presented a lecture on Interceptive Orthodontics.

All aspects of dental care for child patients are undertaken in his department. Patients are grouped according to the extent of space required for the developing dentition, using tables such as that of Moyers. An arch discrepancy of less than 4 mm quadrant may be resolved by arch development while greater arch discrepancies require extractions and very probably fixed appliances. Dr. Wei then showed us a farrago of slides of removable appliances used in his department and also some slides of partial arch fixed appliances about which we would like to hear more.

The social programme was very enjoyable and I left the meeting feeling that the time spent in conversation with colleagues of like interests was, perhaps, the most valuable part of my visit.

Jennifer Barke
(Hamilton, Victoria)

PRIMARY MOLAR SPACE CHANGES IN A MINIMAL TREATMENT PROGRAMME: A 4-YEAR STUDY

(A Summary of a Paper presented to the N.S.W. Branch)

In November, 1978, a "minimal treatment" programme for the treatment of dental caries was commenced in a group of 94 school children resident in Bourke in western N.S.W., where the water supply contains less than 0.2 parts per million fluoride. Participants in the programme were Australian aboriginal and Caucasian schoolchildren from a low socio-economic background who were awaiting treatment by the School Dental Service.

In this programme, emphasis was placed on the prevention of new carious lesions and the inhibition of growth of existing ones. Furthermore, by confining reparative procedures to a minimum it was felt that acclimatisation of children to dental procedures would be facilitated.

Initially, all existing carious lesions were treated solely by a 2-stage topical application of metal fluoride salts (AgF followed by SnF_2). The children were examined at 6-monthly recall visits throughout the period of the study. The initial topical metal fluoride treatments were supplemented, in some cases, by restoration of lesions with glass ionomer cement. In keeping with the minimal treatment approach, restorations were only placed in cases where food impaction was a problem or where pulp involvement existed or was likely to occur. Pulp therapy was instituted where required and consisted of direct pulp capping with a mixture of a Corticosteroid paste and an Idioform paste in vital cases and a simplified pulpotomy procedure with those medicaments where the pulp had undergone necrosis. All restorative procedures were carried out using ultra-slow speed cutting techniques without local anaesthetic and without the use of a high speed air rotor. At no stage during the period in which the minimal treatment approach has been in effect were conventional treatments involving injections, extractions or amalgam restorations carried out.

Indeed, grossly carious deciduous teeth and retained roots were all maintained in situ after minimal treatment without recourse to extractions.

The purposes of this study were (1) to determine the range of space loss that occurred in the primary molar region when dental caries in the primary molars led to marginal ridge breakdown and (2) to determine the extent of space changes in the primary molar region over a 4-year period in a minimal treatment programme.

A review of the literature showed that while space changes that occur following premature extraction of primary molars are well documented, there is little published work addressing the subject of space change when carious primary molars are retained. Furthermore, there is very little literature dealing with space changes that occur when carious primary molars are treated unconventionally or by a minimal treatment approach.

Data on primary molar space changes were obtained at 6-monthly intervals from study models of subjects who participated in a minimal treatment programme during a 4-year period.

Data on primary molar space changes that followed minimal treatment of caries in primary molars with marginal ridge breakdown were obtained form 72 subjects. These subjects had both primary molars present in at least one quadrant for periods ranging from 6 months to 4 years.

cont.

Baseline data from 28 of the 72 subjects were used to assess the primary molar space changes that had occurred due to the presence of untreated caries which had caused marginal ridge breakdown. These 28 subjects had 19 upper and 17 lower contralateral pairs of primary molars where one side had intact marginal ridges and the other side had some marginal ridge breakdown.

The results of this study showed:

1. The primary molar space changes that had occurred at baseline in the presence of marginal ridge breakdown ranged between 0.5mm of space gain to 1.7mm of space loss for the upper arches and between 1.0mm of space gain and 2.1mm of space loss for the lower arches.

   However, statistically significant differences in the space changes for primary molar pairs with intact marginal ridges and those with marginal ridge breakdown were not demonstrated.

2. For the maxillary arches, after minimal treatments were carried out, the mean primary molar space changes for the control primary molars with intact marginal ridges ranged from less than 0.1mm of space loss at 6 months to 0.7mm of space loss at 4 years from baseline. By comparison for the treated primary molars with marginal ridge breakdown, the mean space changes ranged from 0.2mm of space loss at 6 months to approximately 1.2mm of space loss at 4 years. Statistically significant differences between primary molar changes for the control and treated groups were demonstrated at the 6-month, 2-year, 3-year and 3.5 year intervals.

3. For the mandibular arches, after minimal treatment, the mean primary molar space changes for the control group ranged from less than 0.1mm of space loss at 6 months to approximately 0.4mm of space loss at 4 years. By comparison, the treated primary molars with marginal ridge breakdown, the mean primary molar space change ranged from less than 0.2mm space loss at 6 months to 1.2mm of space loss at 4 years. Differences between control and treatment primary molar space changes were statistically significant at all the 6-monthly intervals of the study.

In summary, the results of this study suggest that:

1. When marginal ridge breakdown of primary molars occurs, the potential for space loss exists but does not necessarily occur.

2. Where caries in primary molars is treated by minimal treatment procedures any space changes which may ensue are unlikely to complicate any existing orthodontic problem or any future orthodontic treatment. If space loss does occur after minimal treatment, then it would tend to be much less than could occur if primary molars are extracted and it would be within the dimensional range reported for the "leeway" space.

Keith R. Powell, M.D.S., M.D.Sc., F.R.A.C.D.S.
United Dental Hospital
Sydney.

From the Branches

N.S.W. Branch

The Branch held its Annual General Meeting on Tuesday, 11th November and election of office bearers for 1987. They are:

President:	Dr. Alain Middleton
Secretary:	Dr. Lorna Mitchell
Treasurer:	Dr. Angus Cameron
Committee:	Dr. Richard Widmer
Federal Councillor:	Dr. Alain Middleton

The A.G.M. was followed by our guest speaker, Dr. Doreen Musgrave, whose topic was "The Then and Now in Pedodontics". Dr. Musgrave was the first registered Pedodontist in Australia and said that it was hard to convince people in those days of the need for Pedodontics, and she feels this is still often the case today.

In all of her fifty years of Dentistry, the patient-dentist relationship always has been paramount. A good relationship enables better relaxation of, and communication with, the patient, and Dr. Musgrave has also found the use of hypnosis to be essential. To practise hypnosis on children, she uses her vast array of imaginative children's stories containing a hypnotic content. The child's breathing is very important - she paces the breathing with her stories with the use of repetition. The 7-11 year age group respond to hypnosis better if there is a suggestion of magic. When discussing treatment with the parents the word "hypnosis" should never be used. Dr. Musgrave explains to the parent that she would like to help to relax the child, and the parent is asked to wait outside the surgery but the door is left open.

There are many uses of hypnosis such as: to allay fear; to control gagging, salivation and bleeding; the recording of the occlusion, controlling thumbsucking; to get used to orthodontic appliances and to keep up oral hygiene. The child patient need not be deeply hypnotized to achieve results.

cont.

Although Dr. Musgrave considers hypnosis to be essential, it is very time-consuming and tiring, as vocal suggestion must be kept up throughout the appointment. She can, however, make use of post-hypnotic suggestion which can last up to 6 months, and thereby save some time.

Dr. Musgrave's talk was very well received. Her accounts of many of her experiences during her career were most interesting and everyone present benefited from her knowledge on treating the child patient.

We extend an invitation to all States to attend our half-day seminar on Friday, 22nd May, 1987 at historic Curzon Hall, Marsfield - the Title, "An Afternoon of Pediatric Dentistry". We have an exciting line up of guest speakers:

Dr. Roland Bryant: "Coming Unstuck with Composites?"
Dr. Stephen Blackler: "A Focus on the Open Apex"
Dr. David Southan: "Facial Pain, or a Pain in the Neck? - Occlusal Disharmony in Developing Dentition"
Dr. Tom Higgins: "Oral Health - what role in the Periodontal Health of Children?"

This will be followed by dinner and a guest speaker, Paul Hutchins, who will speak on "Living and Working with Other People's Children".

We wish all other branches a Happy Christmas and Successful New Year.

Judy Fenton and
Lorna Mitchell

Victorian Branch

Since the last Newsletter the Branch has held its Ninth Annual Convention Day and the last Dinner Meeting for the year.

The Convention Day on September 10th with an overall theme of 'Excellence in Children's Dentistry' included topics ranging from an 'International Perspective of Excellence in Children's Dentistry', 'Current Trends in Pulp Therapy', 'Plastic Surgery', 'Myths, Magic and Potions of Children's Dental Behaviour' and finally 'Dental Management of the Adolescent'. A most enjoyable day was enhanced by the evening dinner.

The last Dinner Meeting for the year was held on October 16th when Dr. Gary Warne, Director of Endocrinology at the Royal Children's Hospital and also Acting Chairperson of the Human Growth Hormone Sub-committee spoke concerning Growth Problems in Children.

Initially the various indicators of growth were discussed. These include centile charts for height and weight by age, radiological bone age such as Tanner Whitehouse hand-wrist assessments, ratio of upper to lower body height, ratio of arm span to height and stages of puberty considering breast development in females and testicular volume in males.

The topic of growth was then considered with reference to perceived or real short stature in the growing child. Special consideration must be given to the psychological needs of the child who has perceived or real short stature, or more rarely, tall stature, especially in girls.

Assessment of Short Stature

1. Is he or she short?
   i) use centile charts
   ii) centiles for both parents
2. Is growth velocity normal or not? This must be measured over at least a six month period.

cont.

3. Why is growth velocity abnormal? Normal variant short stature may be genetic, or due to physiological slow development of delayed puberty.

Organic Causes of Growth Failure

i) Intra-uterine growth retardation e.g. Russell Silver Syndrome

ii) Skeletal retardation. Skeletal dysproportion occurs in achondoplasia while in growth hormone deficiency, skeletal proportions are still normal.

iii) Nutritional insufficiency - this may be dietary, or due to poorly controlled Diabetes Mellitus, Cardiac Disease or chronic emotional disturbance, etc.

iv) Iatrogenic - this may be caused by irradiation of tumours or most commonly, Chushingoid Syndrome induced by costico-steroids used in treatment of asthma, etc.

v) Chromosomal disorders - e.g. Turners Syndrome

vi) Endocrine - the role of Growth Hormone, the somatomedins and thyroxine were considered together with tests to assay Growth Hormone levels.

In conclusion, Dr. Warne outlined the role of the Human Growth Hormone Sub-committee in assessing submissions for treatment by highly expensive Human Growth Hormone, derived from pituitary extract, and most recently by genetically engineered biosynthetic growth hormone. Bio-synthetically derived growth hormone, and in the future possibly somatomedins should ensure a bright future in treatment of growth problems in children.

The Branch has had an active year in 1986 with a Membership of 82. We look forward to a busy year in 1987. The Victorian Branch wishes all A.S.D.C. Members a Merry Christmas and a happy and satisfying New Year.

Chris Olsen

Queensland Branch

Our Annual Clinic weekend was, this year, in the form of a one day course which was well attended by dentists from as far afield as Bundaberg, Dalby and Kingaroy as well as a good representation from the Brisbane Metropolitan area. It was held on Saturday September 27th with visiting lecturer, Fred Widdop from Dandenong in Victoria.

On Saturday, September 27, Dr. F. Widdop presented a series of lectures at the School Dental Therapist Training Centre, Yeronga. Titled "Adolescodontics", the material presented was wide-ranging and covered areas such as: cariology, radiography, prevention, operative dentistry, oral surgery, orthodontics, cosmetic dentistry, traumatology, periodontics and behavioural considerations.

Points of interest which he advocated during the day were:

(1) Saliva tests to determine caries "at risk" status.
(2) BW X-rays at two year intervals for adolescents
(3) Fissure seal with glass ionomer soon after eruption
(4) Restorations using a combination of glass ionomer and resin seals
(5) Restoring fractured incisors by bonding the fractured enamel portion back in place.
(6) Use transparent wedges for light cured resins.
(7) When colour matching composite resins, cure some of the material on to the tooth before etching.

The quality of Dr. Widdop's presentation can only be described as excellent and all the course participants cannot fail to have been kept alert by such statements as "In adolescodontics, the use of amalgam has no place". To support this statement Dr. Widdop discussed in detail the properties and manipulation of glass ionomer cements and the microfilled ceramics. He advocated changes in conventional cavity preparations to provide for minimal removal of enamel, and

cont.
stressed that the incremental technique was all important for the restoration of interproximal lesions with composite resins.

Dr. Widdop described and illustrated the type of class 3 cavity outline extending onto the labial surface, which will allow a totally inconspicuous resin restoration to be placed, and illustrated the Indirect Veneer Technique which he prefers.

Our AGM will be held on Monday, November 24th. It will take place at the United Services Club with Guest Lecturer, Dr. David Exton, discussing "Marine Envenomation".

Bill Whittle

Tasmanian Branch

The last meeting of the Branch was held in Launceston on October 4th, taking the form of an orthodontic seminar with Drs. Ranu and Goldshmeid as panelists.

Also discussed at some length was the limited membership and the need to gain some southern recruits to our ranks. This lead to the role of this branch at Federal level being the subject of considerable argument.

It was resolved, that to justify fully voting rights in the future the branch would need to increase its membership and activity.

Tasmanian members extend their best wishes to their mainland colleagues for the festive season and the New Year.

David Abbott

W.A. Branch

The Branch held probably its most successful meeting ever at the Princess Margaret Hospital for Children on the 17th September. After a buffet meal, over 50 members and guests adjourned to the W.B. MacDonald Lecture Theatre. Associate Professor Des Kailis chaired a panel presentation entitled "Current Controversies in the Restoration of the Deciduous Dentition". Dr. John Hands spoke on amalgam, Dr. John Winters on glass cermet cements, Dr. Alistair Devlin on metal crowns, Dr. Peter Gregory on anterior composite crowns, Dr. Harry Lamplough, who is the Director of Dental Services with the State Health Department, spoke on the use of silver fluoride and glass ionomer cement in the School Dental Service and Dr. Theo Gotjamanos spoke on the pulpal response of deciduous teeth to silver fluoride and glass ionomer cement.

A lively discussion session followed during which a clear message emerged, i.e. in this post-fluoride era, the methods employed by the School Dental Service are most appropriate, but, for 'the high caries rate child' who still exists there is a need for the more complex and elaborate restorative methods. The other message was; there is still a place for amalgam, especially the new generation types, and that the glass cermet cements, although showing promise, do have limitations.

The Annual Dinner of the Branch was held on the 19th November at the Transit Inn in Perth. This night proved to be an enormous success. A meal of the highest order, enjoyed by all in attendance, was followed by an extremely entertaining after-dinner presentation by Professor Max Kamien. Max is the Professor of Community Practice at the University of Western Australia. He spoke on a wide range of subjects, drawing on his equally wide range of personal experiences; the discussion and question period which followed was also very entertaining. Des Kailis proposed the vote of thanks, and most appropriately paid tribute to this quite remarkable person.

Alistair Devlin

S.A. Branch

Our last meeting in 1986 was held at the Adelaide University Staff Club on August 19th. Dr. Catherine Panaeff was our Guest Speaker and her presentation on "Dental Trauma" aroused much interest. Clinical and academic aspects of the dental pulp were discussed. Since Dr. Panaeff has recently compiled the manual "A Guide to Clinical Endodontics" for the Dental Faculty, University of Adelaide, she was a fountain of information regarding the subject, as well as being easy to listen to. The slides of pulps and teeth were interspersed with slides of wonderfully well photographed assorted frogs. This was a fine example of Catherine's wit, as she is of French origins!

The Sixth Biennial Convention (October 30 - November 1) gave us the opportunity to meet again our interstate colleagues and make some new friends. We hope that everyone attending, including the lecturers, enjoyed the meeting. The numbers attending were not as high as usual, but the personalities of those present certainly made up for the lack of quantity. At these meetings we gather new ideas and thoughts not only from the Guest Lecturers but also from conversations shared with the other delegates.

This is the last time Professor Max Horsnell will be editing my contribution to this Newsletter. Thank you Max for your wise advice and patience over the years!

Finally, on behalf of the Branch, I would like to wish everyone a Merry Christmas and a Happy New Year.

Vita Luks

FROM THE JOURNALS with John Burrow

INFANT ORAL HEALTH:A RATIONALE.

After seeing four 2-year olds and one 3-year old child,all with nursing-bottle caries,on a recent Monday morning,making 21 cases for the first three weeks of November,I feel compelled to direct readers attention to the first three articles in the July-August 1986 issue of J.of Dentistry for Children.If you have read these articles,read them again;if not,you should make every effort to read them.This is a precis of the first of these three articles.

The total prevention of dental disease in children is the ultimate dream of dentists who are dedicated to the care of the oral health of children.Several advances in our knowledge of the dental disease process and of the methods of preventing dental disease have lead to the reality of rearing children freeof dental disease.Although this potential exists, the preventive process must begin early in infancy(birth to one year of age),to ensure a successful outcome.

Nursing bottle caries is a very destructive process which can affect infants and toddlers.This pattern of dental decay has been observed in children as young as twelve months of age.If this particular dental disease process is to be prevented parents must be educated regarding proper infant feeding methods,and the hazards associated with improper feeding patterns.

The dental profession must recognize that any dental caries detected in toddlers(three to four years of age,the traditional age recommended for the first dental visit)began much earlier.The efforts to prevent dental disease in these children,therefore,must logically begin prior to the onset of the disease,namely during infancy.

The development of basic habits and patterns such as dietary likes,dislikes, and food preferences occur very early in life.This holds true also for such daily routines as tooth cleaning.The prolonged use of the bottle beyond twelve months of age can lead to the infant becoming overly dependent on the bottle and to the eventual development of potentially damaging habits,such as the use of the bottle at night and its use as a pacifier during the day.

Paediatricians recommend that the infant be evaluated five times during the first year and three times during the second year of life.These visits are referred to as "well-baby"visits and have the early detection and prevention of disease as their main objective.Physicians are not adequately trained to perform a thorough dental evaluation and/or proper counselling,regarding the prevention of dental disease.THE DENTAL PROFESSION MUST ASSUME THIS RESPONSIBILITY.

(Goepferd.Stephen J.J.of Dent. for Children.53:4;257-261. 1986)

PULP REVASCULARIZATION AFTER REIMPLANTATION OF PERMANENT INCISORS.

In therapeutically reimplanted teeth,there appears to be only two possible outcomes for the pulp.It is either completely revacularized or it has to be removed because of periradicular inflammatory changes. In this study all teeth in which the pulp was not revascularized exhibited a periapical radiolucency and/or external inflammatory root resorption.It can therefore be assumed that bacterial contamination of infarcted and ncrotic pulp during extra alveolar time or after reimplantation may be a major hindrance for the occurence of a complete revascularization of the pulp.

The post-operative treatment with antibiotics had no effect,either on the frequency of revascularization or on the appearance of periradicular inflammatory changes.

In immature teeth the width of apical foramen was not decisive for the occurence of revascularization,and mandibular incisors showed a higher incidence of revascularization,for which no satisfactory explanation can be given.A higher frequency of revascularization was found in teeth reimplanted within 45 minutes,compared with teeth reimplanted after a longer period of time.

The advantages of pulp revascularization lie in the possibility of further root development and reinforcement of dentinal walls by deposition of hard tissue,which is lost by endodontic treatment.In this context and with respect to our present knowledge it appears logical that endodontic treatment is postponed in teeth with roots in an early stage of development in which revascularization of the pulp may bring about major benefits.In more developed teeth in which consequences of endodontic treatment are minimal, the treatment should be instituted soon after reimplantation,in order to prevent external root resorption and other periradicular inflammatory changes.

(Kling.Cvek and Mejare.Endod Dent Traumatology 1986;2:83-89)

INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN

IADC PRESIDENT'S REPORT

to ASDC Biennial General Meeting, Adelaide, October 1986

Roger Hall presented a brief summary of the activities of the International Association of Dentistry for Children since he took office as President in Costa Rica, February 1985.

In his introductory remarks he mentioned that his initial aims for his period of Presidency had been partly set aside by the urgent need at this stage, to restructure IADC administration, due to the Society's growth with 35 member National Societies and 400 individual members. It had become a priority to establish a secretariat with typing and clerical assistance for the Honorary Secretary/Treasurer.

When Professor Alan Brook took over the secretaryship from Professor John Murray in January of this year he, as Dean of the London Hospital Medical College Dental School, was able to arrange for an office, filing and secretarial assistance paid part time by IADC. This will mean faster communication with National Member Society Secretaries and individual members.

Also it has been found necessary to appoint a number of 'ad hoc' committees in addition to the existing Education and Finance Committees. These are:

Congress Site Selection and Co-ordinating Committee
Nominations Committee
Constitution Review Committee
Membership Committee

It is hoped these will improve greatly the organisation of IADC and become Standing Committees at the Council meeting in Toronto.

An important two day Council meeting was held in Zurich during June; this will become a formal meeting to be held during the year between the Congress Council meetings, allowing Board decisions to be made and put into effect more rapidly and efficiently.

The Statement submitted by the Australian Society of Dentistry for Children to IADC Council meeting in Costa Rica on 'The Rising Incidence of Dental Caries in Developing Countries' has been finally approved and sent to FDI for their consideration.

cont.

With the success of the Education Committee's Slide/Text project 'Dental Caries: Disease in Decline', edited by Professor Stephen Moss of New York, a new project is to be commenced on 'Fluorides in Paediatric Dentistry'. Any member of ASDC who would like a complimentary copy of the 'Dental Caries Slide/Text publication when the reprinted version is available, should contact Roger Hall.

Organisation for the 11th IADC Congress in Toronto is proceeding well and this will be an excellent meeting.

Following the 11th Congress, the 12th Congress will be held in Athens, Greece in June 1989 and the 13th Congress in Kyoto, Japan in October 1991.

Finally an apology is necessary for the non-appearance of the 1986 issues of the IADC Journal. The printer was changed to one in Italy from the UK (as the Editor, Dr. Falcolini, is in Rome). Two issues have been printed (with some translation errors unfortunately) but have not yet arrived in Australia. The Board of Directors is most concerned at the continuing problems with the Journal and is actively seeking a solution to them. The Newsletter which was formerly sent separately to individual members is now incorporated in the Journal. It is hoped that our copies will arrive soon!

The two year term of office is drawing to a close and seems to have been very short, but hopefully something has been achieved to advance the International Association.

The production of this Newsletter has been assisted by Colgate Palmolive Pty. Ltd.

11TH CONGRESS OF THE INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN

TORONTO ONTARIO CANADA

AT THE
HARBOUR CASTLE HILTON HOTEL

Information should be required to:

Secretariat
11th Congress I.A.D.C.
Department
of Paedodontics
Faculty of Dentistry
University of Toronto
124 Edward Street
Toronto Ontario
CANADA M5G 1G6

SCIENTIFIC PROGRAMME

- Guest Lecturers
- Free Papers
- Poster Session
- Table Clinics
- Video & Films

Simultaneous translation:

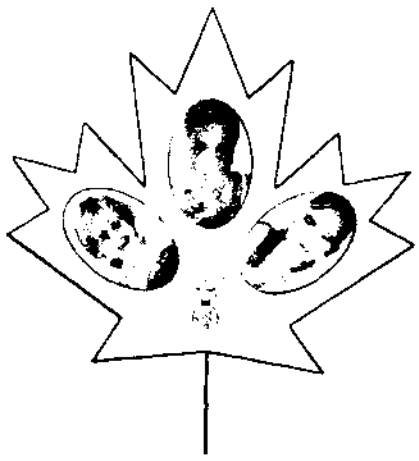
In English, French, Japanese & Spanish (if numbers warrant)

SOCIAL PROGRAMME

- Reception
- Dinner Dance
- Tours of City

Accompanying persons:

A programme is being arranged that may include such highlights as Toronto's famous Science Centre, Ontario Place and a trip to nearby Niagara Falls



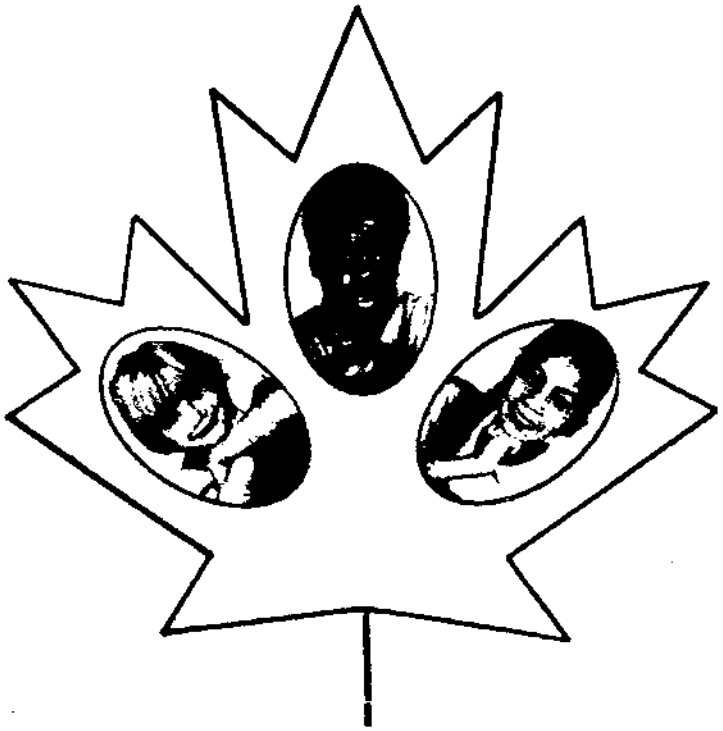
JUNE, 7 - 11 - 1987

KEYNOTE SPEAKERS

PROFESSOR DENNIS SMITH - Head, Department of Biomaterials, Faculty of Dentistry, University of Toronto. Topic - 1987 Update on Dental Materials.

PROFESSOR GORDEN NIKIFORUC - Department of Preventive Dentistry, Former Dean, Faculty of Dentistry, University of Toronto. Topic - Metabolic Diseases and Related Research in Dentistry.

DOCTOR NONI MACDONALD, M.D. - Ottawa, Canada. Topic - An Update on Hepatitis and Aids, and Their Relevance to the Dentist and his Patients.



For Further Details write to:

Secretariat,
Faculty of Dentistry,
University of Toronto,
124 Edward Street,
Toronto. Ontario.
Canada, M5G, 1G6

PHONE: (416)979-4313
TX: 06.218915 UT.ENG.TOR

The official hotel is the Harbour Castle Hilton. We have negotiated an excellent daily rate and would hope that as many as possible will stay there. If other less expensive accommodation is necessary assistance will be available, but other accommodation will of course be much less conveniently located.

REGISTRATION;

The cost of this congress will be $400.00 Canadain (approximately $US280) which will include:

Scientific Participation
All Social Events and Dinners
All Luncheons

(Not included is the tour to Niagra Falls.)

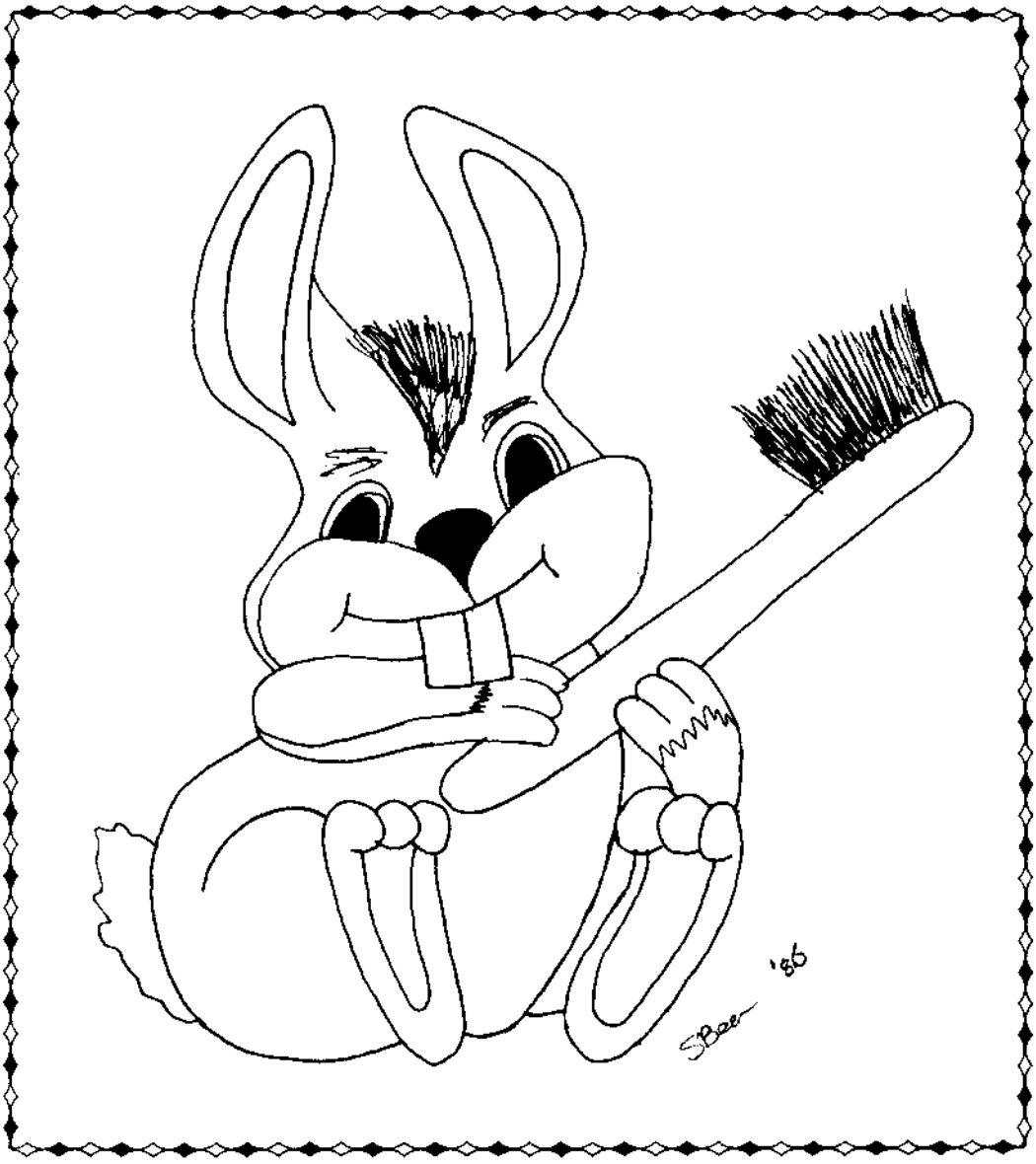
11TH CONGRESS INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN

AT THE
HARBOUR CASTLE HILTON HOTEL
TORONTO ONTARIO CANADA

JUNE 7 - 11, 1987

PROGRAMME

SUNDAY, June 7th		Council Meeting Registration Welcoming Cocktail Party
MONDAY, June 8th		Official Opening Ceremony Lieutenant-Governor of Ontario Lincoln M. Alexander
	Morning	Scientific Presentations and Commercial Exhibits
		LUNCHEON
	Afternoon	Scientific Presentations and Commercial Exhibits
	Evening	Cocktail Reception Dinner Movie - Cinesphere Ontario Place
TUESDAY, June 9th		
	Morning	Scientific Presentations and Commercial Exhibits
		LUNCHEON
	Afternoon	Scientific Presentations and Commercial Exhibits
	Evening	Dinner Dance - Harbour Castle Hilton Hotel
WEDNESDAY, June 10th		
	Morning	Scientific Presentations Poster Presentations
		LUNCHEON
	Afternoon	Scientific Presentations Closing Ceremony Presentation of XII Congress to be held in Athens, Greece 1989
	Evening	Free


'86